

CLAIMS ONLY						SERIAL NO. <b>701619, 585</b>	FILING DATE
<b>917104</b>						APPLICANT(S)	
<b>7/16/03</b>		<b>31/7/05</b>		CLAIMS			
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							
2							
3							
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99							
100							
TOTAL IND. <b>22</b>		TOTAL IND. <b>22</b>		TOTAL IND. <b>28</b>			
TOTAL DEP. <b>94</b>		TOTAL DEP. <b>96</b>		TOTAL DEP. <b>84</b>			
TOTAL CLAIMS <b>116</b>		TOTAL CLAIMS <b>118</b>		TOTAL CLAIMS <b>102</b>			

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <b>101619,515</b>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
101							51		
102							52		
103							53		
104							54		
105							55		
106							56		
107							57		
108							58		
109							59		
110							60		
111							61		
112							62		
113							63		
114							64		
115							65		
116							66		
117							67		
118							68		
119							69		
120							70		
121							71		
122							72		
123							73		
124							74		
125							75		
126							76		
127							77		
128							78		
129							79		
130							80		
131							81		
132							82		
133							83		
134							84		
135							85		
136							86		
137							87		
138							88		
139							89		
140							90		
141							91		
142							92		
143							93		
144							94		
145							95		
146							96		
147							97		
148							98		
149							99		
150							100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		

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# CLAIMS ONLY

Application Number

101619,515

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 017705		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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14						
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16						
17	1					
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27	1					
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30						
31						
32						
33						
34						
35						
36	1					
37						
38						
39						
40						
41						
42						
43						
44						
45	1					
46						
47						
48						
49						
50						
Total Indep	21					
Total Depend	95					
Total Claims	116					

  

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57	1					
58						
59						
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62	1					
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67	1					
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83	1					
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86	1					
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93						
94	1					
95						
96	1					
97						
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99						
100						
Total Indep						
Total Depend						
Total Claims						

# CLAIMS ONLY

Application Number

10/6/19, 515

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 6/7/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments		* May be used for additional claims or amendments		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101	1											
102												
103												
104												
105												
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107												
108												
109												
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112												
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114	1											
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Total												
Claims												

  

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Claims						

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